FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name			N BOX 5 MAY BE TAXABLE INCOME.	
SARA L PUGH			Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2007	Box 4. Benefits Repa	aid to SSA in 2007	Boy 5 Not Daneste to 0007	
\$16,410.00	NO	ONE	Box 5. Net Benefits for 2007 (Box 3 minus Box 3 \$16,410.00	
DESCRIPTION OF AMOUN	IT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4		
Paid by check or direct deposit \$13,462.50 Medicare Part B premiums deducted			NONE	
from your benefits Benefit Payment Offset - Treasury Total Additions Benefits for 2007	\$1 122 00			
		Box 6. Voluntary Federal Income Tax Withheld NONE		
			140145	
		Box 7. Address SARA L PUGH 32 OLD ST RD N NORWALK OH 44857-1623		
	İ	Box 8. Claim Numbe	er (Use this number if you need to contact SSA.)	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 315-20-6114D		

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name SARA L PUGH	Box 2. Beneficiary's Social Security Number			
Box 3. Benefits Paid in 2008 \$17,522.00	Box 4. Benefits Repaid to SSA in 2008 \$729.20		Box 5. Net Benefits for 2008 (Box 3 minus Box 4 \$16,792.80	
DESCRIPTION OF AMOUNT IN	DESCRIPTION OF AMOUNT IN BOX 4			
Paid by check or direct deposit Medicare Part B premiums deducte from your benefits Benefit Payment Offset - Treasury Total Additions Benefits for 2008	\$9,479.60 ed \$1,156.80 \$6,885.60 \$17,522.00 \$17,522.00	Checks return		
		Box 6. Voluntary Federal Income Tax Withheld NONE		
		Box 7. Address SARA L PUGH 127 LAKELAN SANDUSKY O	ID DR	
		Box 8. Claim Number	ber (Use this number if you need to contact SSA.) 315-20-6114D	